



STATE OF LOUISIANA - SURPLUS PROPERTY PURCHASE AGREEMENT AND CERTIFICATION

I declare and state that I have read and understand the rules and regulations governing the purchase of surplus property as set forth in the Louisiana State Property Control Regulations under the provisions of Title 39:330 of the Louisiana Revised Statutes of 1950.

DATE: _____

PURCHASING AGENCY, INSTITUTION, OR ORGANIZATION:

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____

The following person(s) are authorized to purchase state surplus property:

1. NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____
SIGNATURE: _____
2. NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____
SIGNATURE: _____
3. NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____
SIGNATURE: _____
4. NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____
SIGNATURE: _____
5. NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____
SIGNATURE: _____

Should there be any changes in the authorized buyer's list, please send this agency the updated information.

DATE: _____

SIGNED: _____

AGENCY HEAD / PRESIDENT / CHAIRMAN OR COMPARABLE AUTHORIZED OFFICIAL